

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
N 1215-0188
Ex i s 11.30-2006

Ex i s 11-30-2006 **EMPLOYEE REPORT** This report is mandatory under P L. 86-257 as amended Fallure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440 For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT ٤ 1 File Number U 2 Fiscal Year Covered From. 01 / 2004 Through 12 / 2004 3 Name and address of person filing 4 Name file number and address of labor organization UFCW Local 1776 Name Name Wendell l wi. Young_ Labor Organization File Number PO Box Building and Room Number if any PO Box Bldg Room No if any Street 3031A Walton Rd 3031A Walton Rd.. City City Plymouth Meeting Plymouth Meeting ZIP Code + 4 19462 PA 19462 State ZIP Code + 4 State 5 Position in labor organization In 2004 was Exec Vice President & Recorder President (Current) Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7 a Nature of Interest, Transaction or Income 6 Name and address of Employer (including trade name if any) Name Trade Name if any PO Box Bldg Room No if any 7 b Amount Street City ZIP Code + 4 State Signature 15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

610-940-1776

Telephone Number

Date

Name of Person Filing Wendell W Young, IV	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employers your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or irectly to or otherwise	
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name UFCW Local 1776 & Participating Employers Health & Welfare Fund Trade Name If any PO Box, Bldg Room No If any	a Labor Organization b Trust	
Street 3031B Walton Road	c Employer	
City Plymouth Meeting State PA ZIP Code + 4 19462		
10 If 9.b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name	Taft Hartley Benefit Fund	
Trade Name If any	,*	
P O Box Bldg Room No if any		
Street	11 b Approximate dollar value of such dealing \$24 117,094	00
City	12 a Nature of interest held or income received	
State ZIP Code + 4	Reimbursement for, and attendance at IFEBP educational conferences	page plant degrees of
	12 b Amount \$3005,00	
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ter parts A and B above) y or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
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Name	.	
Name Trade Name if any		
		A THE PARTY OF THE
Trade Name if any:		A COMPANY VIEW OF THE COMPANY OF THE
Trade Name if any P O Box Bidg Room No if any Street City		and the second s
Trade Name if any P O Box Bldg Room No if any Street City	14 b Amount of payment.	And the state of t

Name of Person Filling Wendell W. Young IV	File Number U-
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or otherword an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	nse dealing with the business ely seeking to represent, or rectly to or otherwise
8 Name and address of Business (including trade name if any). Name International Foundation of Employee Benefit Plans Trade Name if any PO Box Bidg Room No if any PO Box 69 Street 18700 W. Bluemound Road City Brookfield State WI ZIP Code +4 53008-0069	9 Business deals with a Labor Organization b Trust c. Employer
Name UFCW Local 1776 and Participating Employers Health and Welfare Plan Trade Name if any PO Box Bidg Room No if any	IFEBP is an employee benefits education association of which the UFCW Local 1776 Health and Welfare Plan is a member
Street 3031B Walton Road City Plymouth Meeting State PA ZIP Code +4 19462	11 b Approximate dollar value of such dealing N/A 12 a Nature of interest held or income received Reimbursement of travel hotel and meals for a conference planning meeting in July 2004 (\$720 00) Complimentary registration for the annual Employee Benefits Conference in November (\$915 00)
	12 b Amount \$1635 00
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any	14 a Nature of payment.
Street City ZIP Code + 4	14 b Amount of payment
13 b is the Business an Employer or Consultant ?	14 D Amodit or payment

Name of Person Filing Wendell W Young IV	File Number U
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or otherwit of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly or i	se dealing with the business by seeking to represent, or ectly to or otherwise
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any Street City State ZiP Code + 4 10 if 9 b or 9 c is checked give trust or employer's name	9 Business deals with a Labor Organization b Trust c Employer 11 a Nature of such dealing
Name Trade Name if any PO Box Bidg Room No if any Street	
City	11 b Approximate dollar value of such dealing
State ZIP Code + 4	12 a Nature of interest held or income received
	12 b Amount
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.
Name Fiergang & Simmons, PC Trade Name if any	Holiday gift snack basket Do not know value Put out for clerical staff to be enjoyed by all
PO Box Bidg Room No if any Street 540 Pennsylvania Ave , Ste 202	
City Ft Washington State PA ZIP Code + 4 19034	
13 b is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing Wendell W Young IV	File Number U-
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business rely seeking to represent or irectly to or otherwise
8 Name and address of Business (including trade name if any).	9 Business deals with
Name Slevin & Hart, PC	
Trade Name if any	a Labor Organization
PO Box Bldg Room No if any	□ C Employer
Street 1625 Massachusetts Ave NW, Ste. 450	· ·
city Washington	
-State - DC ZIP Code + 4 20036	
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing
Name UFCW Health & Welfare Fund of Northeastern Pennsylvania Trade Name If any	Fund counsel
PO Box Bidg Room No if any	
street 190 N Pennsylvania Avenue	11 b Approximate dollar value of such dealing \$327,000 00
City Wilkes-Barre	12 a Nature of interest held or income received
State PA ZIP Code + 4 18701	Holiday gift (snack) basket Dollar value is not known Basket was put
	out for clerical staff to be enjoyed by all
	all 12 b Amount 7
C Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone	all 12 b Amount 7 Ger parts A and B above)
	all 12 b Amount 7 Ger parts A and B above)
or from any labor relations consultant to an employer any payment of mone 13 a Name and address of Employer or Labor Relations Consultant	all 12 b Amount 7 der parts A and B above) by or other thing of value
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or from any labor relations consultant to an employer any payment of mone 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street	all 12 b Amount 7 der parts A and B above) by or other thing of value